

# Pilot study on efficacy of *Sarjarasa malahara* local application in *Parikartika* with special reference to Fissure-in-ano

## Research Article

Jyoti Shinde<sup>1\*</sup>, Balaji Mugave<sup>2</sup>, Yogesh Badwe<sup>3</sup>

1. Professor, 2. PG Scholar, 3. Professor and HOD,  
Department of Shalyatantra, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India.

### Abstract

*Parikartika* i.e. Fissure-in-ano is the most common disease amongst anorectal disorders characterized by severe cutting pain in anal region. Modern treatment includes local application of soothing ointments, oral analgesics and stool softeners in initial condition. Surgical management includes Lord's dilatation, fissurectomy and lateral Sphincterotomy. But it may lead to complications like bowel incontinence and recurrence. So it is a need of hour to find an alternative and better treatment option. While managing *Parikartika*, two important things should be taken into consideration- to reduce pain at anal region and to heal the fissure. Keeping these aspects in mind, a pilot study was conducted using local application of *Sarjarasa Malahara* in the treatment of *Parikartika*. Methodology: Total 15 patients diagnosed as *Parikartika* were selected for this study. *Sarjarasa Malahara* was applied locally in fissure bed twice a day after sitz bath for 28 days. Result: Very encouraging result of local application of *Sarjarasa Malahara* was noted. Pain, bleeding, itching at anal region and spasm were significantly reduced. Considering overall effect out of 15 patients 13 patients of *Parikartika* were completely cured i.e. 87% (P=0.0003) and 2 patients were markedly improved i.e. 13% (P=0.0231) at the end of 28days. Conclusion: Considering all above properties of individual drugs, observations and results it can be said that *Sarjarasa Malahara* is effectively useful in reducing pain, inflammation, itching, spasm and bleeding per rectum and healing of fissure at anal region. Hence, it can be concluded that *Sarjarasa Malahara* is useful in the treatment of *Parikartika*.

**Key Words:** *Parikartika*, Fissure-in-ano, *Vrana*, *Sarjarasa Malahara*.

### Introduction

The word *Parikartika* is a combination of two words 'Pari' which means around the anus and 'Kartika' means cutting pain. *Parikartika* is a condition in which there is a severe cutting pain around the anus. It is a symptom rather than a disease. Many different opinions are mentioned regarding the concept of *Parikartika*. According to *Acharya Dalhana* (1) it is a tearing pain anywhere in the body. Commentator of *Madhav nidan*, *Vijayarakshit* mentions it as a cutting type of pain, specially localized in *Guda*. *Parikartika* was explained by *Charaka* as a complication of *Vataj Atisara* (2). It was explained as a complication of *Basti* in which one cause is due to trauma by *Bastinetra* and another is due to administration of *Ruksha Basti* which contains *Teekshna* and *lavan dravyas* in heavy doses, these are known as *Bastivyapad*. In *Sushrut Samhita* and *Ashtanga Sangraha* *Parikartika* is mentioned as *Purvarupa* of *Arsha* (3). *Kashyapa* has mentioned *Parikartika* as separate disease by in the context of

*Garbhini Vyapada* (4) He also explained three types according to *Dosha* predominance i.e. *Vataj*, *Pittaj* and *Kaphaj*. In acute condition the prevalent *Dosha* is *Vata* and *Dushya* are *Twak*, *Rakta* and *Mamsa* (5) in the area of anal canal, which gets involved gradually according to the progress of disease. *Parikartika* can be compared with fissure in ano due to its close resemblance in signs and symptoms. Passage of hard fecal matter is a major cause of *Parikartika* in which pain and spasm is always present. Fissure in ano is defined as a longitudinal ulcer in anoderm below the dentate line (6). It can occur at any age irrespective of gender. Fissure is classified into two categories A) Acute fissure B) chronic fissure. In males, fissure usually occur in midline posterior (90%) and much commonly anterior (10%) (7). In females, fissures on midline posterior are more common than anterior (60:40) due to trauma caused by fetal head on anterior wall of the anal canal during delivery (8). Constipation has been the most common etiological factor. There are no clear guidelines for conservative management of anal fissure. The goal of fissure management is to break the cycle of anal sphincter spasm allowing improved blood flow to the fissured area in order to promote the healing of fissure. *Acharya Charaka* explicate *Sarjarasa(sal,ral)* under *Vednasthapaka gana* (9). *Rastantrasaar* described *Sarjarasa Malahara* to be used in *Vrana*, *Daha*, *Arsha* and *Gudpaka*. Lots of research work has been carried out on the wound healing effect of *Sarjarasa Malahara* in fissure of heel, but no research work has been

#### \* Corresponding Author:

#### Jyoti Shinde

Assistant Professor,  
Professor, Department of Shalyatantra,  
Shri Ayurved Mahavidyalaya,  
Nagpur, Maharashtra, India.  
Email Id: [drjyoti.dalal@gmail.com](mailto:drjyoti.dalal@gmail.com)

conducted on pain management and wound healing effect of *Sarjarasa Malahara* in context of fissure in ano. Also study of different *taila pichu* has been carried out but *pichu* was seen to be inconvenient for patient as it resulted in soiling of clothes and misplacement of *pichu* may occur on any movement done by the patient. *Malahara* is easy to apply and effective in wound healing.

**Objectives:**

1. To evaluate the role of *Sarjarasa Malahara* on pain and wound healing effect in Fissure in ano.
2. To evaluate the effect of *Sarjarasa Malahara* in *Gudgata raktastrava* (PR Bleeding) in Fissure in ano.

**Methodology**

15 patients were selected randomly by simple randomization for this pilot study. Drug was applied locally with internal medication of Tablet *Triphala Guggul* 2 BD and *Triphala churna* 5gm HS with warm water as Laxative.

**Criteria for Inclusion of patient**

- Clinically diagnosed patient of acute Fissure-in ano i.e. *Parikartika*.
- Patient irrespective of gender and socio-economic status.

**Criteria for Exclusion of patient**

- Patient having Chronic fissure-in-ano i.e. *Parikartika*, secondary to ulcerative colitis, Crohn’s disease, Koch’s.
- Patient with uncontrolled systemic disease as like as diabetes and hypertension.
- Carcinoma of rectum.
- Immuno-compromised patient.
- Bleeding disorders.
- Chronic fissure-in-ano.
- If patient avoid defecation due to severe pain of anal spasm, these patients will not be taken for trial and advice for surgery.

**Preparation of *Sarjarasa Malahara***

Sesame oil was heated upto boiling. When froth started appearing, fine powder of *Sarjarasa (ral)*, *Sphatika* (Alum) and *Tuttha* (Copper sulphate) were added into it and mixed well. This mixture was collected in a vessel and washed with water 15 to 20 times. Every time after adding water it was rubbed thoroughly. Washing must be continued till it is rubbed well and added water became colourless (10).

**Method of Drug Application**

Initially per rectum examination was done to confirm position of fissure. The sphincter tone was assessed with the digital examination, after giving the warm water sitz bath for a period of 15 minutes. Applicator was lubricated, tube was pressed and 2 gm *Sarjarasa Malahara* applied then removed outside. From day 2, Patient was trained about use of trial drug with

applicator twice in a day for 28 days; ask to visit OPD at the interval of 7 days.

**Criteria for assessment**

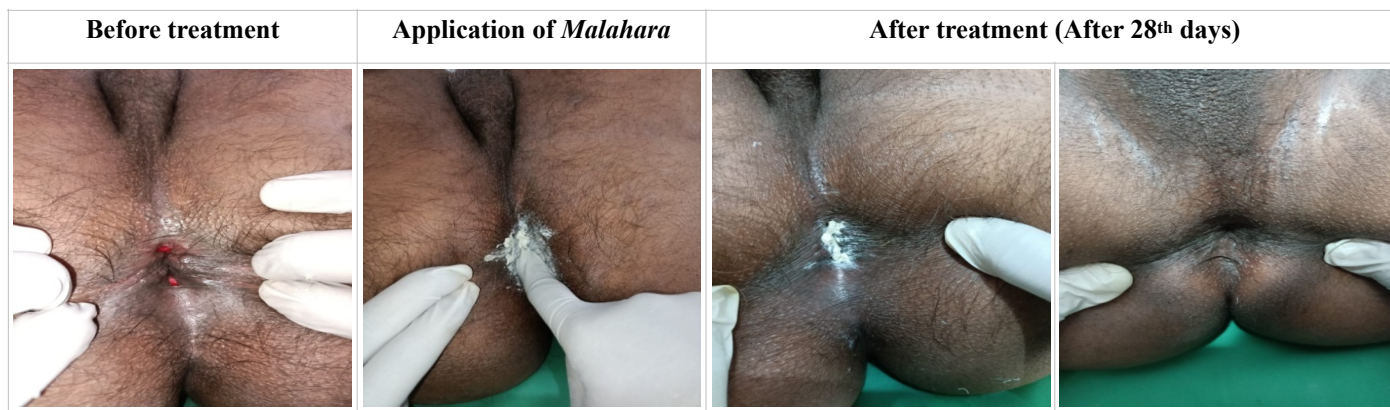
**Patients were assessed on following criteria**

**Table 1: Assessment Criteria**

Sr. No.	Assessment Parameters	Assessment Criteria	Grade
1	Pain (as per VAS scale)	No Pain	0
		Mild Pain	1
		Moderate Pain	2
		Severe Pain	3
2	Per Rectal Bleeding	No Bleeding	0
		Mild (<5drops)	1
		Moderate (5–10drops)	2
		Severe (>10drops)	3
3	<i>Gudagat Kandau</i> (Itching)	No <i>Kandau</i>	0
		Mild(after & before defaecation)	1
		Moderate (2 to 3 times/day without disturbance of sleep)	2
		Severe (disturbed sleep with continuous itching)	3
4	Spasm	Normal (1Finger can pass )	0
		Finger can be passed with severe pain	1
		No Finger can be passed	2
5	Anal ulcer	Absent	0
		Present	1

**Observations and results**

As per the statistical analysis, it was observed that the incidence rate of Fissure-in-ano was more in 31-40 years of age group (33.33%), and also male were more prone to this disease (73.33%), In this study it was seen that the incidence for fissure in ano was more in patients working at professional job. In the present study, assessment was done on interval of every 7<sup>th</sup> day to find out the efficacy of local application of *Sarjarasa Malahara* by relief in pain, sphincter spasm P/R bleeding and wound healing. In this study, subjective parameters were pain, per rectal bleeding, Itching. Objective parameters were sphincter spasm and anal ulcer. In this study wound at anal region was healed completely after treatment within 28 days which was statistically highly significant (P <0.0001) as shown in table no 6. Pain was significantly relieved in fissure-in-ano (P <0.0001) within due course of treatment as shown in table no 2. In per rectal bleeding was completely stopped after intervention of treatment which was statistically significant (P value <0.0001) results were obtained and spasm was relieved significantly which was statistically highly significant (P<0.0001) as shown in table no 2.



**Table No.2: Comparison of different symptoms at different follow up period**

Time period	Pain	P/R Bleeding	Itching	Anal spasm	Anal Ulcer
0 day	2.13 ± 0.64	0.67 ± 0.97	1.06 ± 0.88	1.46 ± 0.51	1 ± 0
7 <sup>th</sup> day	1.8 ± 0.41	0.53 ± 0.83	0.73 ± 0.70	1.13 ± 0.35	1 ± 0
14 <sup>th</sup> day	1.2 ± 0.56	0.47 ± 0.64	0.60 ± 0.51	0.67 ± 0.48	0.73 ± 0.45
21 <sup>st</sup> day	0.80 ± 0.41	0.20 ± 0.41	0.46 ± 0.51	0.33 ± 0.48	0.20 ± 0.41
28 <sup>th</sup> day	0.46 ± 0.51	0 ± 0	0.42 ± 0.51	0.20 ± 0.41	0.13 ± 0.35
F-value	54.14	5.25	8.20	24.27	33.50
p-value	<0.0001; HS	0.0011; HS	0.0003; HS	<0.0001; HS	<0.0001; HS

**Table No.3: % reduction in different symptoms after treatment on 7<sup>th</sup> day, 14<sup>th</sup> day, 21<sup>st</sup> day and 28<sup>th</sup> day from 0 day (baseline)**

Multiple comparison	Pain	P/R bleeding	Itching	Anal spasm	Anal Ulcer
0 day – 7 <sup>th</sup> day	15.49% P=0.0253, S	20.90% P=0.1573, NS	31.13% P=0.0253, S	22.60% P=0.0253, S	100% P=1.000, NS
0 day – 14 <sup>th</sup> day	43.66% P=0.0004, HS	29.85% P=0.1797, NS	43.40% P=0.0082, HS	54.11% P=0.0019, HS	27% P=0.0455, S
0 day – 21 <sup>st</sup> day	62.44% P=0.0005, HS	70.15% P=0.0260, S	56.60% P=0.0050, HS	77.40% P=0.0014, HS	80% P=0.0005, HS
0 day – 28 <sup>th</sup> day	78.40% P=0.0005, HS	100% P=0.0253, S	60.38% P=0.0029, HS	86.30% P=0.0009, HS	87% P=0.0003, HS

(S=Significant, HS= highly significant, NS=Not significant)

## Discussion

*Parikartika* disease affects persons irrespective of gender. In the present study, male patients were affected more than female patients. As far as age was concerned, the occurrence of the *Parikartika* was most common in age group 31-40 and 41-50years. People having sedentary lifestyle, i.e. office work were seen to have *Parikartika* more often than people having active lifestyle.

There is detail description about conservative and surgical treatment with their complications in modern treatment of fissure in ano. So to avoid complications related to the surgical management, conservative treatment option of local application of *Sarjarasa Malahara* was selected for present study.

In *Sarjarasa Malahara*, the *Shal (Shorea robusta Gaertn.)* has the basic qualities of controlling the cardinal symptoms of the “*Vrana*” these proves the efficacy of the drug in *Vrana Ropana Wound healing (11)*. *Sarjarasa* synonymously called as *Shal (Shorea robusta Gaertn.)* has *kashaya (Astringent)* dominant *rasa* which is responsible for wound contraction (12). *Sarjarasa (Shorea robusta Gaertn.)* contains

triterpenoids are assembled from a C5 isoprene unit through the cytosolic mevalonate pathway to make a C30 compound and are steroidal in nature and hence it reduces pain. *Shal (Shorea robusta Gaertn.)* contains tannins which is haemostatic and effective in hemorrhage. Burning Sensation in trial drug the resin of *Shal (Shorea robusta Gaertn.)* and *taila (Oil)* both contains “*Shita*” (Coolant) property which helps to reduce burning sensation (13). *Shal (Shorea robusta Gaertn.)* powder shows presence of tannins, hence its burning sensation may be reduced. Itching sensation also called as *Kandu* is taken care by the virtue of “*Kandughana*” property.

*Tuttha (Copper sulphate)* is classified under *Maharasa* in *Rasashashtra*. It is *kapha-pittahara* and has *krimighna (Antihelmenthic)* and *lekhaniya (scrubbing)* property by which is capable of purifying putrefied wound tissue and enhance the healing (14).

*Sphatika (Alum)* is classified under *uparas* in *rasashashtra*. It is astringent, dominant in taste and has *Vranaghna (wound healer)*, *Vishanashak (antitoxic)* properties by which it help the cure of wound and prevent infection (15).

*Tila* (*Sesamum indicum* Linn.) is main ingredient of *Taila*. It has *lekhaniya* and *krimighna* (Antihelmenthic) action and thus helps reducing edema and infection at local *vrana* site, also due to *lekhaniya guna* its helps to remove the cell debris at local *vrana* site, hence improves granulation i.e. *Vranaropana*. *Tiltaila* is *Vatashamak* due to its *madhur rasa*, *ushna virya* and *snigdha guna* (16). So it reduces pain which is predominant symptom of *Vata*.

## Conclusion

As per analysis of statistical data, it is concluded that local application of *Sarjarasa Malahara* reduces pain significantly along with reduction in itching, spasm, PR bleeding and also helpful in healing of wound. Hence considering overall effect it can be concluded that it is useful treatment in all features of *Parikartika*. There is no any adverse effect seen with the application of *Sarjarasa Malahara* in *Parikartika* (Fissure-in-ano).

## References

1. 1. Yadavaji Trikamji Acharya, editor, (edition 2009), Sushruta, Sushruta Samhita, commentary Dalhanacharya Virachita, Nibandhsangrahvyakhya Sanvalita on Sushruta Samhita of Sushruta, Chikitsasthana, Chapter Vaman Virechana Vyapatchikitsa 34/16, Chaukhambha Sanskrit Sansthan, Varanasi, India pg.524.
2. Priyavrat Sharma, editor, (1<sup>st</sup> edition.), Charaka samhita of Charaka, Vol. II Chikitsasthana, chapter Atisar Chikitsitam 19/ 05, Varanasi: Chaukhambha Orientalia Publishers; 2008 pg.320.
3. Priyavrat Sharma, editor, (1<sup>st</sup> edition.), Sushruta, Sushruta Samhita, Vol. II Chikitsasthana, chapter 19/ 05, Varanasi: Chaukhambha Orientalia Publishers; 2000 pg.613
4. Pandit Hemaraja Sharma, editor, (3<sup>rd</sup> edition.), Kashyapa Samhita of Kashyapa, Khilasthana,

- Antarwali Chikitsadhyay 10/102-105, Varanasi: Chaukhambha Orientalia Publishers; 1976 pg no.299
5. Singhal G.D, editor, Sushruta Samhita of sushruta, Nidansthan 1/25-26 Delhi, Chaukhambha Sanskrit pratistan Publishers;1973 pg no.16,17.
6. Shriram Bhat M, (4<sup>th</sup>edition), SRB'S manual of surgery, rectum and anal canal, Jaypee Brothers medical Publishers; 2013 New Delhi, pg.no.1046.
7. Somen Das, (6<sup>th</sup> edition), A concise textbook of surgery, the rectum and anal canal, 2010, pg.no.966.
8. Somen Das, (6<sup>th</sup>edition), A concise textbook of surgery, the rectum and anal canal, 2010, pg.no.966
9. Priyavrat Sharma, editor, (1<sup>st</sup> edition.), Charaka samhita of Charaka, Vol.I Sutrasthan, Shadvirechanshatashritiya adhayay 04/ 47, Varanasi: Chaukhambha Orientalia Publishers; 2008 pg.93
10. Rastantrasaar & Siddhaprayog Sangraha Part 1, Krishna Gopal Ayurved Bhawan Publishers; 2015, Rajasthan, pg no.731
11. Shrikant Murthy K.R., (3<sup>rd</sup> edition), Sharangdhar samhita of sharangdhar, Varanasi, chaukhambha sanskrit bhavan, 1998.
12. Sharma P V, (edition 2013), Dravyaguna-vijnana VOL.II, Varanasi, Chaukhambha Bharati Academy, pg.no.672.
13. Sharma P V, (edition 2013), Dravyaguna-vijnana VOL.II, Varanasi, Chaukhambha Bharati Academy, pg.no.121.
14. Bharti Umrethia, Dr. Bharat Kalsariya, (1<sup>st</sup> edition), A Text Book of Rasashastra, Nadiad, Himali Graphics&Printing, 2017:14:184.
15. Bharti Umrethia, Dr. Bharat Kalsariya, (1<sup>st</sup> edition), A Text Book of Rasashastra, Nadiad, Himali Graphics&Printing, 2017:14:184.
16. Chunekar K.C., (8<sup>th</sup> edition.), Bhavaprakash Nighantu of Bhavaprakash, Varanasi, Chaukhambha Bharati Academy, 1998, pg no.520.

\*\*\*\*\*